

Use this form to notify KAPT **only if the contract Beneficiary is attending an out-of-state college or university**. Upon receipt, KAPT will send confirmation of the school selection to the purchaser of the account. Notification of the beneficiary's intent to enroll will also be forwarded to the institution designated on this form. Payout rates for the 2006-2007 academic year will be mailed to the institution once they become available mid-summer.

1.	Current Beneficiary Information
	KAPT Account Number:
	Beneficiary's Name:
	Beneficiary's Address:
	Beneficiary's SSN:
2.	School Information
	Out-of-State College/University:
	Ferm/Year of Attendance:
3.	Account Owner (or Beneficiary) Signature By signing below, I certify the following: • The information provided above is complete and accurate. • I authorize KAPT to submit information on behalf of the contract beneficiary to the above-referenced school.
	Account Owner (or Beneficiary) Signature Date

Mailing Instructions

Please return this completed form to: KAPT KHEAA P.O. Box 798 Frankfort, KY 40602-0798

Or fax to 1-800-519-4652. Please allow up to four weeks for processing.